

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

**IN RE:**

**ROBERT ADAMS,**

**Debtor .**

**Chapter 13**

**Case No. 13-52817**

**Judge: MARK A. RANDON**

**DEBTOR'S CERTIFICATION OF INFORMATION REGARDING DISCHARGE**

The Chapter 13 debtor, being first duly sworn, provides the following:

1. Has the Debtor completed an instructional course concerning personal financial management as provided in 11 U.S.C. Section 111 or is the Debtor exempt from completing such a course pursuant to 11 U.S.C. Section 1328(g)(2)(*check one*):

NO \_\_\_\_\_

YES   X  

EXEMPT \_\_\_\_\_

2. Has any debt been determined to be non-dischargeable or is any action currently pending to determine a debt to be non-dischargeable pursuant to: (check one):

| Section                     | YES | NO |
|-----------------------------|-----|----|
| 11 U.S.C. Section 523(a)(2) |     | X  |
| 11 U.S.C. Section 523(a)(4) |     | X  |
| 11 U.S.C. Section 523(C)    |     | X  |

If you answered "yes" to any of the above, please identify the creditor and the legal basis for the action

Name of Creditor: \_\_\_\_\_

☐ 11 USC § 523(a)(2)

Address of Creditor: \_\_\_\_\_

☐ 11 USC § 523(a)(4)

City, State and ZIP: \_\_\_\_\_

☐ 11 USC § 523(C)

If more space is needed, please attach a separate sheet.

3. Has any debt been reaffirmed pursuant to 11 U.S.C. Section 524(c)? (*check one*):

NO   X  

YES \_\_\_\_\_

*If YES, please state*

Name of Creditor: \_\_\_\_\_

Address of Creditor: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

If more space is needed, please attach a separate sheet.

4. Debtor's Current Address: 3986 Fieldview Road, Lake Orion, MI 48360

Name of Debtor's  
Current Employer: P&C Group 1, Inc.

Debtor's Current  
Employer's Address: 37000 west Twelve Mile, Suite 105  
Farmington Hills, MI 48331

**DISCLOSURE OF DOMESTIC SUPPORT OBLIGATIONS (as defined in 11 U.S.C. Section 101(14A))**

Is the Debtor currently paying or is required to pay alimony, maintenance or support to or on behalf of a spouse, former spouse or child (*check one*):

YES   X   NO           

**If YES:**

- list the Name and Address of each Spouse, Former Spouse or Child to or for whom alimony, maintenance or support is paid or required to be paid (if more space is needed, please attach a separate sheet):

Name Elizabeth A. Adams

Address 147 Old Perch Road

City Rochester Hills State Michigan ZIP code 48309

Phone No. 248-495-9349 Account Number 11-791586-DM

- DEBTOR HEREBY CERTIFIES THAT DEBTOR (*check one*) (  X   HAS) (HAS NOT) PAID ALL AMOUNTS ON OR IN CONNECTION WITH A DOMESTIC SUPPORT OBLIGATION THAT CAME DUE ON OR BEFORE THE DATE OF THIS CERTIFICATION INCLUDING AMOUNTS DUE BEFORE THE PETITION WAS FILED**

**CERTIFICATION**

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.



Robert M. Adams  
Debtor's Signature

December 1, 2016  
Date